

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 13 / 2016</div>	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 11 / 2016</div>	
Mailing Address 504 SHAW RD SUITE 206			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">484.59</div>	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46594 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 11 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 001		
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17739.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 11 / 2016</div>	
Mailing Address 504 SHAW RD SUITE 206			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">484.59</div>	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46595 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 11 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 001		
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2272.09</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">969.18</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 484.58	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46596
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		17739.63	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 484.58	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46597
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		17739.64	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	969.16
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 484.58	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46598
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2654.43	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 484.58	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46599
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2654.42	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	969.16
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 484.58	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46600
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2308.44	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46601
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18119.41	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	864.34
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46602
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		2651.85	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46604
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18119.39	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	759.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46605
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18119.40	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46606
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3034.19	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	759.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 14  
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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46607
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3034.18	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 379.76	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46608
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2688.20	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	759.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 04 / 13 / 2016	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.85	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46609
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 04 / 11 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18137.26	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.85	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46610
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 04 / 11 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		2669.70	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46611
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18137.25	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46614
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3052.05	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46615
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18137.26	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46616
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3052.04	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.86	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46617
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2706.06	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16971
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		17255.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.22
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 12 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16972
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		36.36	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16973
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		17255.05	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16974
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		17255.06	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16975
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2169.85	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 14 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2016	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16976
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2169.84	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 36.36	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16977
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2016	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1823.86	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	6429.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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09 / 19 / 2016

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